SCHEDULE H (Form 990)

Department of the Treasury
Internal Revenue Service

Hospitals

▶ Complete if the organization answered "Yes" on Form 990, Part IV, question 20.
▶ Attach to Form 990.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2021

Open to Public Inspection

Name of the organization COMMUNITY HOSPITAL OF ANDERSON AND MADISON COUNTY, INC.

Employer identification number 35-1069822

Part I Financial Assistance and Certain Other Community Benefits at Cost

			Yes	No
1a	Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a	1a	X	
b	If "Yes," was it a written policy?	1b	X	
2	If the organization had multiple hospital facilities, indicate which of the following best describes application of the financial assistance policy to its various hospital facilities during the tax year. [X] Applied uniformly to all hospital facilities [ ] Applied uniformly to most hospital facilities [ ] Generally tailored to individual hospital facilities			
3	Answer the following based on the financial assistance eligibility criteria that applied to the largest number of the organization's patients during the tax year.			
a	Did the organization use Federal Poverty Guidelines (FPG) as a factor in determining eligibility for providing *free* care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for free care: [ ] 100% [ ] 150% [X] 200% [ ] Other _____ %	3a	X	
b	Did the organization use FPG as a factor in determining eligibility for providing *discounted* care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care: [ ] 200% [ ] 250% [X] 300% [ ] 350% [ ] 400% [ ] Other _____ %	3b	X	
c	If the organization used factors other than FPG in determining eligibility, describe in Part VI the criteria used for determining eligibility for free or discounted care. Include in the description whether the organization used an asset test or other threshold, regardless of income, as a factor in determining eligibility for free or discounted care.			
4	Did the organization's financial assistance policy that applied to the largest number of its patients during the tax year provide for free or discounted care to the "medically indigent"?	4	X	
5a	Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?	5a	X	
b	If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?	5b		X
c	If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligible for free or discounted care?	5c		
6a	Did the organization prepare a community benefit report during the tax year?	6a	X	
b	If "Yes," did the organization make it available to the public?	6b	X	

Complete the following table using the worksheets provided in the Schedule H instructions. Do not submit these worksheets with the Schedule H.

7 Financial Assistance and Certain Other Community Benefits at Cost

Financial Assistance and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
a Financial Assistance at cost (from Worksheet 1)		2,539	748,561.		748,561.	.32%
b Medicaid (from Worksheet 3, column a)		44,875	54603946.	40534362.	14069584.	5.96%
c Costs of other means-tested government programs (from Worksheet 3, column b)						
d **Total.** Financial Assistance and Means-Tested Government Programs		47,414	55352507.	40534362.	14818145.	6.28%
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)	20	9,359	3811694.	72,780.	3738914.	1.58%
f Health professions education (from Worksheet 5)	2		49,395.	8,200.	41,195.	.02%
g Subsidized health services (from Worksheet 6)	1		588,043.	240,373.	347,670.	.15%
h Research (from Worksheet 7)	1		88.		88.	.00%
i Cash and in-kind contributions for community benefit (from Worksheet 8)	2	500	428,980.		428,980.	.18%
j **Total.** Other Benefits	26	9,859	4878200.	321,353.	4556847.	1.93%
k **Total.** Add lines 7d and 7j	26	57,273	60230707.	40855715.	19374992.	8.21%

Part II Community Building Activities Complete this table if the organization conducted any community building activities during the tax year, and describe in Part VI how its community building activities promoted the health of the communities it serves.

	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community building expense	(d) Direct offsetting revenue	(e) Net community building expense	(f) Percent of total expense
1 Physical improvements and housing						
2 Economic development						
3 Community support						
4 Environmental improvements						
5 Leadership development and training for community members						
6 Coalition building						
7 Community health improvement advocacy	1		163,617.	141,848.	21,769.	.01%
8 Workforce development						
9 Other						
10 Total	1		163,617.	141,848.	21,769.	.01%

Part III Bad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

			Yes	No
1 Did the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No. 15?		1	X	
2 Enter the amount of the organization's bad debt expense. Explain in Part VI the methodology used by the organization to estimate this amount	2 2,381,101.			
3 Enter the estimated amount of the organization's bad debt expense attributable to patients eligible under the organization's financial assistance policy. Explain in Part VI the methodology used by the organization to estimate this amount and the rationale, if any, for including this portion of bad debt as community benefit	3 1,962,504.			
4 Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense or the page number on which this footnote is contained in the attached financial statements.				

Section B. Medicare

5 Enter total revenue received from Medicare (including DSH and IME)	5 32,621,679.
6 Enter Medicare allowable costs of care relating to payments on line 5	6 42,815,728.
7 Subtract line 6 from line 5. This is the surplus (or shortfall)	7 -10,194,049.

8 Describe in Part VI the extent to which any shortfall reported on line 7 should be treated as community benefit. Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6. Check the box that describes the method used:

☐ Cost accounting system ☒ Cost to charge ratio ☐ Other

Section C. Collection Practices

		Yes	No
9a Did the organization have a written debt collection policy during the tax year?	9a	X	
b If "Yes," did the organization's collection policy that applied to the largest number of its patients during the tax year contain provisions on the collection practices to be followed for patients who are known to qualify for financial assistance? Describe in Part VI	9b	X	

Part IV Management Companies and Joint Ventures (owned 10% or more by officers, directors, trustees, key employees, and physicians - see instructions)

(a) Name of entity	(b) Description of primary activity of entity	(c) Organization's profit % or stock ownership %	(d) Officers, directors, trustees, or key employees' profit % or stock ownership %	(e) Physicians' profit % or stock ownership %
1 COMM ENDOSCOPY CTR	ENDOSCOPY CENTER	41.00%	.00%	49.00%

Part V Facility Information

Section A. Hospital Facilities

(list in order of size, from largest to smallest)

How many hospital facilities did the organization operate during the tax year? 1

Name, address, primary website address, and state license number (and if a group return, the name and EIN of the subordinate hospital organization that operates the hospital facility)	Licensed hospital	Gen. medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	Other (describe)	Facility reporting group
1 COMM HOSP OF ANDERSON & MADISON CTY 1515 NORTH MADISON AVENUE ANDERSON, IN 46011 WWW.COMMUNITYANDERSON.COM 21-005100-1	X	X					X		SEE PART V, ADD'L INFORMATION	

Part V Facility Information *(continued)*

Section B. Facility Policies and Practices

(complete a separate Section B for each of the hospital facilities or facility reporting groups listed in Part V, Section A)

Name of hospital facility or letter of facility reporting group COMM HOSP OF ANDERSON & MADISON CTY

Line number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A): 1

		Yes	No
Community Health Needs Assessment			
1 Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year?	1		X
2 Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C	2		X
3 During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12	3	X	
If "Yes," indicate what the CHNA report describes (check all that apply):			
a [X] A definition of the community served by the hospital facility			
b [X] Demographics of the community			
c [X] Existing health care facilities and resources within the community that are available to respond to the health needs of the community			
d [X] How data was obtained			
e [X] The significant health needs of the community			
f [X] Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups			
g [X] The process for identifying and prioritizing community health needs and services to meet the community health needs			
h [X] The process for consulting with persons representing the community's interests			
i [X] The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)			
j [ ] Other (describe in Section C)			
4 Indicate the tax year the hospital facility last conducted a CHNA: 20 21			
5 In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	5	X	
6a Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C	6a	X	
b Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities? If "Yes," list the other organizations in Section C	6b	X	
7 Did the hospital facility make its CHNA report widely available to the public?	7	X	
If "Yes," indicate how the CHNA report was made widely available (check all that apply):			
a [X] Hospital facility's website (list url): SEE PART V, SECTION C			
b [ ] Other website (list url):			
c [X] Made a paper copy available for public inspection without charge at the hospital facility			
d [ ] Other (describe in Section C)			
8 Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11	8	X	
9 Indicate the tax year the hospital facility last adopted an implementation strategy: 20 21			
10 Is the hospital facility's most recently adopted implementation strategy posted on a website?	10	X	
a If "Yes," (list url): SEE PART V, SECTION C			
b If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?	10b		
11 Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed.			
12a Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?	12a		X
b If "Yes" to line 12a, did the organization file Form 4720 to report the section 4959 excise tax?	12b		
c If "Yes" to line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? $			

Part V Facility Information *(continued)*

Financial Assistance Policy (FAP)

Name of hospital facility or letter of facility reporting group COMM HOSP OF ANDERSON & MADISON CTY

			Yes	No
	Did the hospital facility have in place during the tax year a written financial assistance policy that:			
13	Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care?	13	X	
	If "Yes," indicate the eligibility criteria explained in the FAP:			
a	[X] Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of 200 % and FPG family income limit for eligibility for discounted care of 300 %			
b	[ ] Income level other than FPG (describe in Section C)			
c	[ ] Asset level			
d	[X] Medical indigency			
e	[X] Insurance status			
f	[X] Underinsurance status			
g	[X] Residency			
h	[ ] Other (describe in Section C)			
14	Explained the basis for calculating amounts charged to patients?	14	X	
15	Explained the method for applying for financial assistance?	15	X	
	If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply):			
a	[X] Described the information the hospital facility may require an individual to provide as part of his or her application			
b	[X] Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application			
c	[X] Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process			
d	[ ] Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications			
e	[ ] Other (describe in Section C)			
16	Was widely publicized within the community served by the hospital facility?	16	X	
	If "Yes," indicate how the hospital facility publicized the policy (check all that apply):			
a	[X] The FAP was widely available on a website (list url): SEE PART V, SECTION C			
b	[X] The FAP application form was widely available on a website (list url): SEE PART V, SECTION C			
c	[X] A plain language summary of the FAP was widely available on a website (list url): SEE PART V, SECTION C			
d	[X] The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)			
e	[X] The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)			
f	[X] A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)			
g	[X] Individuals were notified about the FAP by being offered a paper copy of the plain language summary of the FAP, by receiving a conspicuous written notice about the FAP on their billing statements, and via conspicuous public displays or other measures reasonably calculated to attract patients' attention			
h	[X] Notified members of the community who are most likely to require financial assistance about availability of the FAP			
i	[X] The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by Limited English Proficiency (LEP) populations			
j	[X] Other (describe in Section C)			

Part V Facility Information *(continued)*

Billing and Collections

Name of hospital facility or letter of facility reporting group COMM HOSP OF ANDERSON & MADISON CTY

		Yes	No
17 Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained all of the actions the hospital facility or other authorized party may take upon nonpayment?	17	X	
18 Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP:			
a ☐ Reporting to credit agency(ies)			
b ☐ Selling an individual's debt to another party			
c ☐ Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP			
d ☐ Actions that require a legal or judicial process			
e ☐ Other similar actions (describe in Section C)			
f ☒ None of these actions or other similar actions were permitted			
19 Did the hospital facility or other authorized party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP?	19		X
If "Yes," check all actions in which the hospital facility or a third party engaged:			
a ☐ Reporting to credit agency(ies)			
b ☐ Selling an individual's debt to another party			
c ☐ Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP			
d ☐ Actions that require a legal or judicial process			
e ☐ Other similar actions (describe in Section C)			

20 Indicate which efforts the hospital facility or other authorized party made before initiating any of the actions listed (whether or not checked) in line 19 (check all that apply):

- **a** ☒ Provided a written notice about upcoming ECAs (Extraordinary Collection Action) and a plain language summary of the FAP at least 30 days before initiating those ECAs (if not, describe in Section C)
- **b** ☒ Made a reasonable effort to orally notify individuals about the FAP and FAP application process (if not, describe in Section C)
- **c** ☒ Processed incomplete and complete FAP applications (if not, describe in Section C)
- **d** ☒ Made presumptive eligibility determinations (if not, describe in Section C)
- **e** ☐ Other (describe in Section C)
- **f** ☐ None of these efforts were made

Policy Relating to Emergency Medical Care

21 Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that required the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy?	21	X	
If "No," indicate why:			
a ☐ The hospital facility did not provide care for any emergency medical conditions			
b ☐ The hospital facility's policy was not in writing			
c ☐ The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C)			
d ☐ Other (describe in Section C)			

Part V Facility Information *(continued)*

Charges to Individuals Eligible for Assistance Under the FAP (FAP-Eligible Individuals)

Name of hospital facility or letter of facility reporting group COMM HOSP OF ANDERSON & MADISON CTY

		Yes	No
22 Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care.			
a ☐ The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service during a prior 12-month period			
b ☒ The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period			
c ☐ The hospital facility used a look-back method based on claims allowed by Medicaid, either alone or in combination with Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period			
d ☐ The hospital facility used a prospective Medicare or Medicaid method			
23 During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care? If "Yes," explain in Section C.	23		X
24 During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual? If "Yes," explain in Section C.	24		X

Part V Facility Information *(continued)*

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

PART V, SECTION A:

PART V, SECTION B, LINE 7A:

HTTPS://WWW.ECOMMUNITY.COM/COMMUNITY-BENEFIT/ARCHIVED-REPORTS

PART V, SECTION B, LINE 10A:

HTTPS://WWW.ECOMMUNITY.COM/COMMUNITY-BENEFIT/ARCHIVED-REPORTS

PART V, SECTION A - FACILITY INFORMATION

CHA IS AN ACUTE CARE MEDICAL FACILITY WITH 124 STAFFED BEDS. IN 2021, THERE WERE 5,700 ADMISSIONS WITH AN AVERAGE LENGTH OF STAY OF 4.44 DAYS. THERE WERE 34,494 EMERGENCY ROOM CASES RESPONDED TO IN OUR 24-HOUR/SEVEN DAY A WEEK EMERGENCY ROOM. 67% OF THE BIRTHS IN MADISON COUNTY WERE DELIVERED AT CHA FOR A TOTAL OF 625 BIRTHS IN 2021.

COMM HOSP OF ANDERSON & MADISON CTY:

PART V, SECTION B, LINE 5: IN 2021, COMMUNITY HOSPITAL ANDERSON CONDUCTED A CHNA TO UNDERSTAND THE GREATEST HEALTH NEEDS IN THE COMMUNITIES SERVED. THE HOSPITAL TOOK INTO ACCOUNT INPUT FROM PERSONS WHO REPRESENT THE BROADER NEEDS OF THE COMMUNITY SERVED BY THE HOSPITAL FACILITY, INCLUDING THOSE WITH SPECIAL KNOWLEDGE OF OR EXPERTISE IN PUBLIC HEALTH. THE CHNA ALSO INCLUDED ORGANIZATIONS OTHER THAN HOSPITALS.

COMMUNITY HEALTH NEEDS WERE IDENTIFIED BY COLLECTING AND ANALYZING DATA FROM MULTIPLE SOURCES. STATISTICS FOR NUMEROUS COMMUNITY HEALTH STATUS, HEALTH CARE ACCESS, AND RELATED INDICATORS WERE ANALYZED, INCLUDING DATA PROVIDED BY LOCAL, STATE, AND FEDERAL GOVERNMENT AGENCIES, LOCAL COMMUNITY

Part V Facility Information *(continued)*

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

SERVICE ORGANIZATIONS, AND COMMUNITY HEALTH NETWORK. COMPARISONS TO BENCHMARKS WERE MADE WHERE POSSIBLE. FINDINGS FROM RECENT ASSESSMENTS OF THE COMMUNITY'S HEALTH NEEDS CONDUCTED BY OTHER ORGANIZATIONS (E.G., LOCAL HEALTH DEPARTMENTS) WERE REVIEWED AS WELL.

INPUT FROM PERSONS REPRESENTING THE BROAD INTERESTS OF THE COMMUNITY WAS CONSIDERED THROUGH KEY INFORMANT INTERVIEWS AND COMMUNITY MEETINGS. STAKEHOLDERS INCLUDED: INDIVIDUALS WITH SPECIAL KNOWLEDGE OF OR EXPERTISE IN PUBLIC HEALTH; LOCAL PUBLIC HEALTH DEPARTMENTS; HOSPITAL STAFF AND PROVIDERS; REPRESENTATIVES OF SOCIAL SERVICE ORGANIZATIONS; REPRESENTATIVES OF FAITH-BASED ORGANIZATIONS; REPRESENTATIVES OF LOCAL UNIVERSITIES AND SCHOOLS; AND LEADERS, REPRESENTATIVES, AND MEMBERS OF MEDICALLY UNDERSERVED, LOW-INCOME, AND MINORITY POPULATIONS. VIRTUAL COMMUNITY INPUT SESSIONS WERE HELD BETWEEN MAY AND JULY 2021. INVITATIONS AND PRESENTATIONS FOR THESE VIRTUAL SESSIONS WERE ORGANIZED BY COUNTY TO ENSURE WE COULD HEAR FROM THOUGHT-LEADERS SERVING THE SPECIFIC COMMUNITY. FOR A COMPLETE LIST OF PARTICIPANTS, PLEASE SEE THE ATTACHED COMMUNITY BENEFIT REPORT.

COMM HOSP OF ANDERSON & MADISON CTY:

PART V, SECTION B, LINE 6A: THE CHNA FOR COMMUNITY HOSPITAL ANDERSON WAS A COLLABORATIVE EFFORT WITH ALL HOSPITALS WITHIN COMMUNITY HEALTH NETWORK (CHNW) - COMMUNITY HOSPITAL EAST, COMMUNITY HOSPITAL NORTH, COMMUNITY HOSPITAL SOUTH AND COMMUNITY HOWARD REGIONAL HEALTH. IN ADDITION TO THE NETWORK HOSPITALS, COMMUNITY HOSPITAL ANDERSON ALSO COLLABORATED WITH OTHER INDIANA HEALTH SYSTEMS TO COLLECT PRIMARY DATA THROUGH ONLINE

Part V Facility Information *(continued)*

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

COMMUNITY MEETINGS AND KEY STAKEHOLDER INTERVIEWS. THESE HEALTH SYSTEMS INCLUDED ASCENSION ST. VINCENT'S INDIANA, IU HEALTH, AND RIVERVIEW HEALTH.

COMM HOSP OF ANDERSON & MADISON CTY:

PART V, SECTION B, LINE 6B: COMMUNITY HOSPITAL ANDERSON WORKED WITH VERITE HEALTHCARE CONSULTING, LLC (VERITE) TO COMPLETE THE CHNA.

COMM HOSP OF ANDERSON & MADISON CTY:

PART V, SECTION B, LINE 11: COMMUNITY HEALTH NEEDS WERE DETERMINED TO BE "SIGNIFICANT" IF THEY WERE IDENTIFIED AS PROBLEMATIC IN AT LEAST TWO OF THE FOLLOWING THREE DATA SOURCES: (1) THE MOST RECENTLY AVAILABLE SECONDARY DATA REGARDING THE COMMUNITY'S HEALTH, (2) RECENT ASSESSMENTS DEVELOPED BY THE STATE AND LOCAL ORGANIZATIONS, AND (3) INPUT FROM COMMUNITY STAKEHOLDERS WHO PARTICIPATED IN THE COMMUNITY MEETING, KEY INFORMANT INTERVIEW PROCESS, AND STAFF SURVEYS.

THE IMPLEMENTATION STRATEGIES WERE DRAFTED FOR EACH REGION AND DESCRIBE HOW THE HOSPITALS PLAN TO ADDRESS THE SIGNIFICANT COMMUNITY HEALTH NEEDS IDENTIFIED. THE HOSPITALS REVIEWED THE CHNA FINDINGS AND APPLIED THE FOLLOWING CRITERIA TO DETERMINE THE MOST APPROPRIATE NEEDS FOR THE REGIONS TO ADDRESS:

1. THE EXTENT TO WHICH THE HOSPITAL HAS RESOURCES AND COMPETENCIES TO ADDRESS THE NEED

2. THE IMPACT THAT THE HOSPITAL COULD HAVE ON THE NEED (I.E. THE NUMBER

Part V Facility Information *(continued)*

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

OF LIVES THE HOSPITAL CAN IMPACT)

3. THE FREQUENCY WITH WHICH STAKEHOLDERS IDENTIFIED THE NEEDS AS A SIGNIFICANT PRIORITY

4. THE EXTENT OF COMMUNITY SUPPORT FOR THE HOSPITAL TO ADDRESS THE ISSUE AND POTENTIAL FOR PARTNERSHIPS TO ADDRESS THE ISSUE

COMMUNITY HOSPITAL ANDERSON WILL ADDRESS THE FOLLOWING SIGNIFICANT HEALTH NEEDS IDENTIFIED IN THE 2021 CHNA: MENTAL HEALTH/SUBSTANCE USE, CHRONIC DISEASE, SOCIAL DETERMINANTS OF HEALTH (SDOH), COVID-19, AND MATERNAL/INFANT HEALTH. TABACCO USE WAS IDENTIFIED AS A SIGNIFICANT HEALTH NEED, BUT IS NOT ADDRESSED IN THE IMPLEMENTATION PLAN. CHA STAFF ARE ACTIVELY INVOLVED IN TOBACCO PREVENTION AND CESSATION ACTIVITIES IN PARTNERSHIP WITH INTERSECT, INC. A COALITION ADDRESSING TOBACCO USE AND PREVENTION THROUGHOUT MADISION COUNTY. CHA WILL CONTINUE TO SUPPORT THE WORK OF THE COALITION TO REDUCE TOBACCO USE ACROSS MADISON COUNTY. COMMUNITY HOSPITAL ANDERSON IS ADDRESSING THE NEEDS IDENTIFIED IN THE FOLLOWING WAYS:

MENTAL HEALTH/SUBSTANCE USE

COMMUNITY HEALTH NETWORK OPIOID STEWARDSHIP PROGRAM: CHNW HAS DEDICATED RESOURCES TO THE PREVENTION OF OPIOID USE DISORDER AND OVERDOSE DEATHS. THE OPIOID STEWARDSHIP PROGRAM INCLUDES SAFE OPIOID PRESCRIBING TRAINING FOR PRIMARY CARE AND SPECIALTY CARE PRACTITIONERS. BY PARTNERING WITH BOSTON UNIVERSITY SCHOOL OF MEDICINE, A LONGSTANDING LEADER IN EDUCATIONAL EXCELLENCE, WE BROUGHT AWARD WINNING CURRICULUM TO COMMUNITY HEALTH NETWORK TO EDUCATE OUR PRACTITIONERS HOW TO SAFELY AND EFFECTIVELY MANAGE PATIENTS ACUTE AND/OR CHRONIC PAIN INCLUDING SAFE OPIOID PRESCRIBING

Part V Facility Information *(continued)*

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

MEASURES WHEN OPIOIDS ARE MEDICALLY NECESSARY.

NARCAN PROGRAM: CHNW IS DEDICATED TO THE PREVENTION OF OVERDOSE DEATHS THROUGH OUR NARCAN PROGRAM. NARCAN IS THE DRUG THAT CAN REVERSE THE EFFECTS OF OPIOIDS SUCH AS HEROIN, METHADONE AND OXYCODONE. OUR PROGRAM PROVIDES A NARCAN KIT TO PATIENTS AND THEIR FAMILIES WHO ARE AT RISK FOR AN OPIOID OVERDOSE WHEN THEY HAVE BEEN DISCHARGED FROM AN EMERGENCY DEPARTMENT OR THE BEHAVIORAL HEALTH PAVILION. THROUGH PARTNERSHIPS WITH COMMUNITY NONPROFIT ORGANIZATIONS SUCH AS OVERDOSE LIFELINE AND THE BEECH GROVE COMPREHENSIVE DRUG FREE COALITION WE PROVIDED OPIOID OVERDOSE AWARENESS TRAINING AND FREE NARCAN KITS TO THE COMMUNITIES WE SERVE. IN 2021, 738 NARCAN KITS WERE DISTRIBUTED.

SCHOOL-BASED BEHAVIORAL CARE SERVICES: CHNW'S SCHOOL-BASED CARE SERVICES PROVIDES COORDINATED, MULTI-SERVICE 'ON THE SPOT' CARE DIRECTLY IN SCHOOLS TO STUDENTS IN NEED BY WAY OF AN EMBEDDED COORDINATED TEAM OF SCHOOL NURSES, SCHOOL BEHAVIORAL HEALTH PROFESSIONALS, SCHOOL SPORTS MEDICINE & ATHLETIC TRAINING PROFESSIONALS, AND VIRTUAL CARE PROVIDERS. THE PROGRAM ALSO AIMS TO HELP KEEP SCHOOL TEACHERS, STAFF, EMPLOYEES, AND ADMINISTRATORS HEALTHY AND AVAILABLE TO SUPPORT KIDS IN SCHOOLS BY WAY OF ONSITE HEALTH & WELLNESS CLINICS AND EAP SERVICES FOR SCHOOL EMPLOYEES AND THEIR DEPENDENTS. CHNW PROVIDES OVER 170 BEHAVIORAL STAFF EMPLOYEES TO 143 SCHOOLS THROUGHOUT CENTRAL INDIANA. THESE ON-SITE BEHAVIORAL HEALTH SPECIALISTS PROVIDE SERVICES SUCH AS, COUNSELING, LIFE-SKILLS TRAINING, CRISIS RESPONSE, TRAUMA AND DEPRESSION SCREENINGS, STAFF EDUCATION AND TRAINING, TESTING, FAMILY SERVICES AND MORE. CHNW SCHOOL-BASED BEHAVIORAL HEALTH CAREGIVERS HAD 245,365 ENCOUNTERS WITH STUDENTS, FAMILIES AND STAFF

Part V Facility Information *(continued)*

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

DURING THE 2021/2022 ACADEMIC YEAR.

CHRONIC DISEASE

DIABETES EDUCATION CLASSES: CHNW PROVIDES FREE VIRTUAL DIABETES EDUCATION AND SUPPORT COURSES FOR PATIENTS AND COMMUNITY MEMBERS. EACH COURSE CONSISTS OF TWO CLASSES. COURSES ARE HELD AT VARIOUS TIMES THROUGHOUT THE MONTH TO ENSURE ACCESS FOR ALL WHO ARE INTERESTED. IN 2021, 42 COURSES WERE HELD.

ROCK STEADY BOXING: IN 2016 COMMUNITY HOSPITAL ANDERSON ESTABLISHED A ROCK STEADY BOXING PROGRAM IN MADISON COUNTY. ROCK STEADY BOXING IS A GYM THAT IS DEDICATED TO HELPING PATIENTS WITH PARKINSON'S DISEASE FIGHT THEIR SYMPTOMS WITH NON-CONTACT BOXING DRILLS. EXERCISES ARE DESIGNED TO HELP WITH STRENGTH AND BALANCE. SINCE 2016, OVER 150 BOXERS HAVE BENEFITED FROM THE PROGRAM.

FAITH HEALTH INITIATIVE PROGRAM: TRAINS AND SUPPORTS A NETWORK OF FAITH COMMUNITY NURSES (FCNS) WHO CAN CREATE SUSTAINABLE ENGAGED HEALTH MINISTRIES AND ACTIVITIES IN THEIR RESPECTIVE FAITH COMMUNITIES. THESE FCNS PROVIDE CHRONIC DISEASE MANAGEMENT SUPPORT, MENTAL HEALTH SUPPORT THROUGH HEALTH MINISTRIES WITHIN THEIR CONGREGATIONS.

SOCIAL DETERMINANTS OF HEALTH (SDOH)

WELLFUND: THE WELLFUND EXISTS TO HELP PATIENTS NAVIGATE HEALTHCARE COVERAGE OPTIONS, INCLUDING INITIAL ENROLLMENT AND ONGOING MAINTENANCE OF COVERAGE. PATIENTS HAVE DIRECT ACCESS TO WELLFUND PATIENT ADVOCATES DURING PRE-SERVICE, ADMISSION AND POST-DISCHARGE FOR QUESTIONS AND DETERMINING

Part V Facility Information *(continued)*

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

WHICH PLAN BEST MEETS THEIR NEEDS. IN 2021, WELLFUND PATIENT ADVOCATES ASSISTED OVER 29,000 INDIVIDUALS WITH ENROLLMENT ASSISTANCE. THE WELLFUND PATIENT ADVOCATES ARE AVAILABLE TO MEET WITH PATIENTS IN PERSON OR OVER THE PHONE TO HELP WITH ENROLLMENT.

SDOH SCREENING: A NETWORK-WIDE SDOH SCREENING PROGRAM WAS ROLLED OUT IN Q1 OF 2021. UTILIZING THE EPIC SDOH SCREENING TOOL, PATIENTS ADMITTED TO CHNW HOSPITALS, OB PATIENTS AND PRIMARY CARE PATIENTS ARE PROVIDED A COMPREHENSIVE SDOH SCREENING TO IDENTIFY ANY NEEDS THAT COULD IMPACT THE OVERALL HEALTH AND WELL-BEING OF THE PATIENT. CAREGIVERS ARE TRAINED ON HOW TO PROVIDE REFERRAL RESOURCES TO ASSIST THE PATIENT IN ADDRESSING THEIR IDENTIFIED NEED. PATIENTS NEEDING ADDITIONAL FOLLOW-UP ARE REFERRED FOR ADDITIONAL ASSISTANCE BY A CASE MANAGER OR HEALTH ADVOCATE. IN 2021, 70,939 PATIENTS WERE SCREENED.

COMMUNITY FARM: A 120 ACRE FARM ON THE CAMPUS OF COMMUNITY HOSPITAL ANDERSON, THE FARM'S GOAL IS TO DISTRIBUTE FRESH PRODUCE TO PATIENTS AND THE COMMUNITY. THIS INVOLVES WORKING WITH DIETITIANS, PRIMARY CARE PROVIDERS, AND OTHER INTEGRAL STAFF TO IMPLEMENT THE PROCESS OF FARM-TO-TABLE, WHILE ALSO PROVIDING EDUCATION TO HELP PATIENTS LEARN HOW TO EAT HEALTHY. TODAY, THE PRODUCE GOES TO THE COMMUNITY THROUGH VARIOUS OUTLETS INCLUDING LOCAL FOOD PANTRIES, PROGRAMS AT COMMUNITY, AND CHA FOODSERVICE. THE FARM TEAM WORKS CLOSELY WITH VOLUNTEERS TO COORDINATE FREE, FRESH FLOWER DELIVERY TO PATIENTS TO HELP BRIGHTEN THEIR HOSPITAL STAY, INCLUDING SUNFLOWERS GROWN ON THE FARM. IN 2021, OVER 5,000 POUNDS OF PRODUCE WAS HARVESTED.

Part V Facility Information *(continued)*

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

MATERNAL/INFANT HEALTH

NURSE-FAMILY PARTNERSHIP (NFP): GOODWILL OF CENTRAL & SOUTHERN INDIANA IMPLEMENTED THE NURSE-FAMILY PARTNERSHIP (NFP), A NURSE HOME-VISITING PROGRAM SERVING LOW-INCOME MOTHERS AND BABIES.

MILK FOR HEALTHY BABIES - THE MILK BANK: FOUR COMMUNITY HOSPITALS ARE HOME TO AN INDIANA MOTHERS' MILK BANK MILK DEPOT. BREAST MILK DONORS CAN DROP OFF THEIR MILK AT THESE LOCATIONS. WHEN A MOTHER'S OWN MILK IS NOT AVAILABLE, PASTEURIZED DONOR HUMAN MILK IS DISPERSED BY PRESCRIPTION OR HOSPITAL ORDER PRIMARILY TO PREMATURE INFANTS IN HOSPITAL NEONATAL INTENSIVE CARE UNITS. COMMUNITY HOSPITAL NORTH, COMMUNITY HOSPITAL SOUTH, COMMUNITY HOWARD REGIONAL HEALTH AND COMMUNITY HOSPITAL ANDERSON PARTICIPATE IN THE MILK BANK PROGRAM. BREAST MILK DONORS CAN DROP OFF THEIR MILK AT THESE LOCATIONS.

COMMUNITY HOSPITAL OF ANDERSON & MADISON COUNTY - PART V, LINE 16A

ECOMMUNITY.COM/FINANCIAL-ASSISTANCE-POLICY

COMMUNITY HOSPITAL OF ANDERSON & MADISON COUNTY - PART V, LINE 16B

ECOMMUNITY.COM/FINANCIAL-ASSISTANCE-POLICY

COMMUNITY HOSPITAL OF ANDERSON & MADISON COUNTY - PART V, LINE 16C

ECOMMUNITY.COM/FINANCIAL-ASSISTANCE-POLICY

COMM HOSP OF ANDERSON & MADISON CTY:

PART V, SECTION B, LINE 16J: CHA PUBLICIZES THE FACT THAT WE HAVE

Part V **Facility Information** *(continued)*

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

FINANCIAL ASSISTANCE AVAILABLE FOR THOSE WHO CANNOT PAY FOR HEALTHCARE. SIGNS ARE POSTED THROUGHOUT THE HOSPITAL (INCLUDING ER, THE ADMITTING OFFICE, AND THE PATIENT ACCOUNTS OFFICE) LETTING PEOPLE KNOW WE HAVE ASSISTANCE AVAILABLE. OUR CURRENT COMPUTER SYSTEM ALSO PROMPTS ALL PATIENT ACCESS STAFF REGISTERING PATIENTS TO ASK, "WOULD YOU LIKE A COPY OF OUR FINANCIAL ASSISTANCE POLICY?" INFORMATION IS ALSO INCLUDED IN THE ADMISSION PACKET AS WELL AS ON THE CONSENT FORMS AND BILLS IN BOTH ENGLISH AND SPANISH. OUR POLICY IS ALSO POSTED ON OUR WEBSITE. WE HAVE DEDICATED AN ENTIRE PAGE ON OUR WEBSITE TO THOSE WITHOUT INSURANCE. THERE IS ALSO INFORMATION ON OUR BILLING STATEMENTS AND COLLECTION LETTERS INFORMING PATIENTS WE HAVE ASSISTANCE AVAILABLE. IN ADDITION, ALL CUSTOMER SERVICE STAFF AND FINANCIAL COUNSELORS ARE TRAINED TO SCREEN FOR POSSIBLE FINANCIAL ASSISTANCE.

Part V **Facility Information** *(continued)*

Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility

(list in order of size, from largest to smallest)

How many non-hospital health care facilities did the organization operate during the tax year? 0

Name and address	Type of Facility (describe)

Part VI Supplemental Information

Provide the following information.

1 **Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II and Part III, lines 2, 3, 4, 8 and 9b.

2 **Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B.

3 **Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's financial assistance policy.

4 **Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves.

5 **Promotion of community health.** Provide any other information important to describing how the organization's hospital facilities or other health care facilities further its exempt purpose by promoting the health of the community (e.g., open medical staff, community board, use of surplus funds, etc.).

6 **Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.

7 **State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

PART I, LINE 3C:

OTHER INCOME BASED CRITERIA FOR FREE OR DISCOUNTED CARE

CHA ALSO CONSIDERS THE PATIENT'S MEDICAL INDIGENCY, INSURANCE STATUS, UNDERINSURANCE STATUS, AND RESIDENCY WHEN CONSIDERING THE PATIENT FOR FINANCIAL ASSISTANCE.

PART I, LINE 6A:

RELATED ORGANIZATION INFORMATION

A COMMUNITY BENEFIT REPORT IS COMPLETED FOR THE COMMUNITY HEALTH NETWORK INCLUDING COMMUNITY HOSPITAL OF ANDERSON AND MADISON COUNTY, INC. ("CHA") AND OTHER TAX-EXEMPT AFFILIATES OF THE NETWORK.

PART I, LINE 7:

COSTING METHODOLOGY EXPLANATION

A COST TO CHARGE RATIO WAS UTILIZED TO DETERMINE COSTS FOR LINES A THROUGH C IN THE TABLE. THE COST TO CHARGE RATIO WAS DERIVED FROM WORKSHEET 2. LINES E THROUGH I OF THE TABLE ARE BASED ON ACTUAL INCURRED EXPENSES.

Part VI Supplemental Information *(Continuation)*

PART II - COMMUNITY BUILDING ACTIVITIES

THE COMMUNITY BUILDING ACTIVITIES REPORTED ARE PRIMARILY RELATED TO ANDERSON'S ASSISTANCE IN ENROLLING PARTICIPANTS IN THE HEALTHY INDIANA PLAN WITH KEY STAFF BEING CERTIFIED NAVIGATORS FOR THE PROGRAM. IN ADDITION, EMPLOYEES DONATE THEIR TIME AND SKILLS IN PARTICIPATING IN VARIOUS COMMUNITY BENEFIT ACTIVITIES THROUGH OUR SERVE 360 PROGRAM TO OUR LOCAL COMMUNITY INCLUDING THE SURROUNDING CITY AND TOWNS WITHIN MADISON COUNTY, INDIANA.

PART III, LINE 2:

BAD DEBT EXPENSE METHODOLOGY

THE COST TO CHARGE RATIO UTILIZED FOR PURPOSES OF REPORTING BAD DEBT COSTS WAS DERIVED FROM WORKSHEET 2 AND IS BASED ON THE ORGANIZATION'S AUDITED FINANCIAL STATEMENTS.

ADDITIONALLY, COMMUNITY HEALTH NETWORK ADOPTED A NEW STANDARD RELATED TO REVENUE RECOGNITION AND CODIFIED IN THE FASB ACCOUNTING STANDARDS CODIFICATION ("ASC") AS TOPIC 606 ("ASC 606") IN FISCAL YEAR 2018. BECAUSE OF THE ADOPTION OF THIS STANDARD FROM AN ACCOUNTING PRESENTATION STANDPOINT, THE NETWORK NO LONGER EXPLICITLY REPORTS BAD DEBT EXPENSE ON THE AUDITED FINANCIAL STATEMENTS. HOWEVER, THE NETWORK STILL DOES INCUR A SIGNIFICANT AMOUNT OF ADJUSTMENTS TO PATIENT'S ACCOUNTS FOR THOSE WHO DO NOT PAY THEIR PATIENT BALANCE WHICH RESULTS IN A SIGNIFICANT AND MATERIAL COST TO THE NETWORK. AS SUCH THE NETWORK WILL CONTINUE TO REPORT IN LINE 2 THE AMOUNT OF ADJUSTMENTS RELATED TO ADJUSTMENTS PREVIOUSLY IDENTIFIED AS BAD DEBT.

PART III, LINE 3:

Part VI Supplemental Information *(Continuation)*

BAD DEBT EXPENSE, PATIENTS ELIGIBLE FOR ASSISTANCE

THE ESTIMATED AMOUNT OF THE ORGANIZATION'S BAD DEBT EXPENSE ATTRIBUTABLE TO PATIENTS ELIGIBLE UNDER THE ORGANIZATIONS FINANCIAL ASSISTANCE POLICY WAS CALCULATED UTILIZING THE HISTORICAL LEVEL OF PATIENTS THAT WERE DETERMINED AS ELIGIBLE FOR FINANCIAL ASSISTANCE BASED ON A PRESUMPTIVE ELIGIBILITY PROCESS AND APPLYING THIS RATIO TO THE REPORTED BAD DEBT EXPENSE ON THE FINANCIAL STATEMENTS. BAD DEBT SHOULD BE COUNTED AS COMMUNITY BENEFIT AS THIS IS A COST THAT THE NETWORK INCURS AND IS NOT REIMBURSED. THE PORTION OF THE BAD DEBT THAT IS ASSOCIATED WITH PATIENTS WHO MEET THE CHARITY GUIDELINES BUT WHO DID NOT APPLY FOR FINANCIAL ASSISTANCE IS CONSIDERED COMMUNITY BENEFIT SERVICES

PART III, LINE 4:

THE AUDITED FINANCIAL STATEMENTS CONTAIN THE FOLLOWING WITHIN THE FOOTNOTES:

PATIENT ACCOUNTS RECEIVABLE AT DECEMBER 31, 2021 AND 2020, ARE REPORTED AT THE AMOUNTS THAT REFLECTS THE CONSIDERATION WHICH THE NETWORK EXPECTS TO BE ENTITLED IN EXCHANGE FOR PROVIDING PATIENT CARE, AS FURTHER DESCRIBED IN NOTE 2.

THE COLLECTION OF OUTSTANDING RECEIVABLES FOR MEDICARE, MEDICAID, MANAGED CARE AND COMMERCIAL INSURANCE PAYERS, AND PATIENTS IS THE NETWORK'S PRIMARY SOURCE OF CASH AND IS CRITICAL TO THE NETWORK'S OPERATING PERFORMANCE. THE PRIMARY COLLECTION RISKS RELATE TO UNINSURED PATIENT ACCOUNTS AND PATIENT ACCOUNTS FOR WHICH THE PRIMARY INSURANCE CARRIER HAS PAID THE AMOUNTS COVERED BY THE APPLICABLE AGREEMENT, BUT PATIENT RESPONSIBILITY AMOUNTS (DEDUCTIBLES AND COINSURANCE) REMAIN OUTSTANDING.

Part VI Supplemental Information *(Continuation)*

THE NETWORK GRANTS CREDIT WITHOUT COLLATERAL TO ITS PATIENTS, MOST OF WHOM ARE LOCAL RESIDENTS AND ARE INSURED UNDER THIRD-PARTY PAYER AGREEMENTS. THE CONCENTRATION OF NET RECEIVABLES BY PAYER CLASS FOR BOTH PATIENTS AND THIRD-PARTY PAYERS AT DECEMBER 31, 2021 AND 2020 IS AS FOLLOWS. NET RECEIVABLE FOR PATIENTS INCLUDES UNINSURED BALANCES WHICH ARE THE RESPONSIBILITY OF THE PATIENT ASSOCIATED WITH THIRD-PARTY PAYERS LISTED BELOW:

	2021	2020
MEDICARE	23%	22%
MEDICAID	10%	11%
MANAGED CARE AND COMMERCIAL INSURANCE	59%	58%
PATIENTS	8%	9%
	100%	100%

CHARITY CARE

THE NETWORK MAINTAINS RECORDS TO IDENTIFY AND MONITOR THE LEVEL OF CHARITY CARE IT PROVIDES. THE NETWORK PROVIDES 100% CHARITY CARE TO PATIENTS WHOSE INCOME LEVEL IS EQUAL TO OR BELOW 200% OF THE FEDERAL POVERTY LINE. PATIENTS WITH INCOME LEVELS RANGING FROM 200%-300% OF THE CURRENT YEAR'S FEDERAL POVERTY LEVEL WILL QUALIFY FOR PARTIAL ASSISTANCE DETERMINED BY A SLIDING SCALE. THE NETWORK USES COST AS THE MEASUREMENT BASIS FOR CHARITY CARE DISCLOSURE PURPOSES WITH THE COST BEING IDENTIFIED AS THE DIRECT AND INDIRECT COSTS OF PROVIDING THE CHARITY CARE. CHARITY CARE AT COST WAS $7,029(000) AND $9,005(000) FOR THE YEARS ENDED DECEMBER 31, 2021 AND 2020, RESPECTIVELY. CHARITY CARE COST WAS ESTIMATED ON THE APPLICATION OF THE ASSOCIATED COST-TO-CHARGE RATIOS.

PATIENT SERVICE REVENUE

THE NETWORK'S REVENUES GENERALLY RELATE TO CONTRACTS WITH PATIENTS IN

Part VI Supplemental Information *(Continuation)*

WHICH THE NETWORK'S PERFORMANCE OBLIGATIONS ARE TO PROVIDE HEALTH CARE SERVICES TO THE PATIENTS. PATIENT SERVICE REVENUE IS REPORTED AT THE AMOUNT THAT REFLECTS THE CONSIDERATION TO WHICH THE NETWORK EXPECTS TO BE ENTITLED IN EXCHANGE FOR PROVIDING PATIENT CARE. THESE AMOUNTS ARE DUE FROM PATIENTS AND THIRD-PARTY PAYERS (INCLUDING GOVERNMENT PROGRAMS AND MANAGED CARE AND COMMERCIAL INSURANCE COMPANIES) AND INCLUDE VARIABLE CONSIDERATION FOR RETROACTIVE REVENUE ADJUSTMENTS DUE TO SETTLEMENT OF AUDITS, REVIEWS, AND INVESTIGATIONS. GENERALLY, THE NETWORK BILLS THE PATIENTS AND THIRD-PARTY PAYERS SEVERAL DAYS AFTER THE SERVICES ARE PERFORMED OR THE PATIENT IS DISCHARGED FROM THE FACILITY. REVENUE IS RECOGNIZED AS PERFORMANCE OBLIGATIONS ARE SATISFIED. THE NETWORK DETERMINES THE TRANSACTION PRICE BASED ON STANDARD CHARGES, REDUCED BY CONTRACTUAL ADJUSTMENTS PROVIDED TO THIRD-PARTY PAYERS, DISCOUNTS PROVIDED TO UNINSURED PATIENTS IN ACCORDANCE WITH THE NETWORK'S POLICY, AND IMPLICIT PRICE CONCESSIONS.

PERFORMANCE OBLIGATIONS ARE DETERMINED BASED ON THE NATURE OF THE SERVICES PROVIDED BY THE NETWORK. REVENUE FOR PERFORMANCE OBLIGATIONS SATISFIED OVER TIME IS RECOGNIZED BASED ON ACTUAL CHARGES INCURRED IN RELATION TO TOTAL EXPECTED OR ACTUAL CHARGES. THE NETWORK BELIEVES THAT THIS METHOD PROVIDES A FAITHFUL DEPICTION OF THE TRANSFER OF SERVICES OVER THE TERM OF THE PERFORMANCE OBLIGATION BASED ON THE INPUTS NEEDED TO SATISFY THE OBLIGATION. GENERALLY, PERFORMANCE OBLIGATIONS SATISFIED OVER TIME RELATE TO PATIENTS IN OUR HOSPITALS RECEIVING INPATIENT ACUTE CARE SERVICES. THE NETWORK MEASURES THE PERFORMANCE OBLIGATION FROM ADMISSION INTO THE HOSPITAL TO THE POINT WHEN IT IS NO LONGER REQUIRED TO PROVIDE SERVICES TO THAT PATIENT, WHICH IS GENERALLY AT THE TIME OF DISCHARGE. REVENUE FOR PERFORMANCE OBLIGATIONS SATISFIED AT A POINT IN TIME, WHICH INCLUDES

Part VI Supplemental Information *(Continuation)*

OUTPATIENT SERVICES, IS GENERALLY RECOGNIZED WHEN SERVICES ARE PROVIDED TO OUR PATIENTS AND THE NETWORK DOES NOT BELIEVE IT IS REQUIRED TO PROVIDE ADDITIONAL SERVICES TO THE PATIENT.

BECAUSE ALL OF ITS PERFORMANCE OBLIGATIONS RELATE TO CONTRACTS WITH A DURATION OF LESS THAN ONE YEAR, THE NETWORK HAS ELECTED TO APPLY THE OPTIONAL EXEMPTION PROVIDED IN FASB ASC 606-10-50-14A AND, THEREFORE, IS NOT REQUIRED TO DISCLOSE THE AGGREGATE AMOUNT OF THE TRANSACTION PRICE ALLOCATED TO PERFORMANCE OBLIGATIONS THAT ARE UNSATISFIED OR PARTIALLY UNSATISFIED AT THE END OF THE REPORTING PERIOD. THE UNSATISFIED OR PARTIALLY UNSATISFIED PERFORMANCE OBLIGATIONS REFERRED TO PREVIOUSLY ARE PRIMARILY RELATED TO INPATIENT ACUTE CARE SERVICES AT THE END OF THE REPORTING PERIOD. THE PERFORMANCE OBLIGATIONS FOR THESE CONTRACTS ARE GENERALLY COMPLETED WHEN THE PATIENTS ARE DISCHARGED, WHICH GENERALLY OCCURS WITHIN DAYS OR WEEKS OF THE END OF THE REPORTING PERIOD.

THE NETWORK DETERMINES ITS ESTIMATES OF CONTRACTUAL ADJUSTMENTS AND DISCOUNTS BASED ON CONTRACTUAL AGREEMENTS, ITS DISCOUNT POLICIES, AND HISTORICAL EXPERIENCE. MANAGEMENT CONTINUALLY REVIEWS THE CONTRACTUAL ESTIMATION PROCESS TO CONSIDER AND INCORPORATE UPDATES TO LAWS AND REGULATIONS AND THE FREQUENT CHANGES IN MANAGED CARE CONTRACTUAL TERMS RESULTING FROM CONTRACT RENEGOTIATIONS AND RENEWALS. ESTIMATES OF CONTRACTUAL ADJUSTMENTS UNDER MANAGED CARE AND COMMERCIAL INSURANCE PLANS ARE BASED UPON THE PAYMENT TERMS SPECIFIED IN THE RELATED CONTRACTUAL AGREEMENTS. THE PAYMENT ARRANGEMENTS WITH THIRD-PARTY PAYERS PROVIDE FOR PAYMENTS TO THE NETWORK AT AMOUNTS DIFFERENT FROM ITS ESTABLISHED RATES.

GENERALLY, PATIENTS WHO ARE COVERED BY THIRD-PARTY PAYERS ARE RESPONSIBLE

Part VI Supplemental Information *(Continuation)*

FOR RELATED DEDUCTIBLES AND COINSURANCE, WHICH VARY IN AMOUNT. THE NETWORK ALSO PROVIDES SERVICES TO UNINSURED PATIENTS, AND OFFERS THOSE UNINSURED PATIENTS A DISCOUNT, EITHER BY POLICY OR LAW, FROM STANDARD CHARGES. THE INITIAL ESTIMATE OF THE TRANSACTION PRICE IS DETERMINED BY REDUCING THE STANDARD CHARGE BY ANY CONTRACTUAL ADJUSTMENTS, DISCOUNTS, AND IMPLICIT PRICE CONCESSIONS. AT DECEMBER 31, 2021 AND 2020, ESTIMATED IMPLICIT PRICE CONCESSIONS OF $710,244(000) AND $633,819(000), RESPECTIVELY, WERE RECORDED TO ADJUST REVENUES TO THE ESTIMATED AMOUNTS COLLECTIBLE.

ESTIMATED IMPLICIT PRICE CONCESSIONS ARE RECORDED FOR ALL UNINSURED ACCOUNTS, WHICH INCLUDES UNINSURED PATIENTS AND UNINSURED COPAYMENT AND DEDUCTIBLE AMOUNTS FOR PATIENTS WHO HAVE HEALTH CARE COVERAGE, REGARDLESS OF THE AGING OF THOSE ACCOUNTS. THE ESTIMATES FOR IMPLICIT PRICE CONCESSIONS ARE BASED UPON MANAGEMENT'S ASSESSMENT OF HISTORICAL WRITE-OFFS AND EXPECTED NET COLLECTIONS, BUSINESS AND ECONOMIC CONDITIONS, TRENDS IN FEDERAL, STATE AND PRIVATE EMPLOYER HEALTH CARE COVERAGE AND OTHER COLLECTION INDICATORS. MANAGEMENT RELIES ON THE RESULTS OF DETAILED REVIEWS OF HISTORICAL WRITE-OFFS AND COLLECTIONS AS A PRIMARY SOURCE OF INFORMATION IN ESTIMATING THE COLLECTABILITY OF OUR ACCOUNTS RECEIVABLE. THE NETWORK PERFORMS A HINDSIGHT ANALYSIS QUARTERLY, UTILIZING HISTORICAL ACCOUNTS RECEIVABLE COLLECTION AND WRITE-OFF DATA. THE NETWORK BELIEVES ITS QUARTERLY UPDATES TO THE ESTIMATED IMPLICIT PRICE CONCESSION AMOUNTS AT EACH OF ITS HOSPITAL FACILITIES PROVIDE REASONABLE VALUATION ESTIMATES OF THE NETWORK'S REVENUES AND ACCOUNTS RECEIVABLE.

PART III, LINE 4:

BEGINNING JUNE 2012, THE STATE OF INDIANA OFFERED VOLUNTARY PARTICIPATION IN THE STATE OF INDIANA'S HAF PROGRAM. THE STATE OF INDIANA IMPLEMENTED

Part VI Supplemental Information *(Continuation)*

THIS PROGRAM TO UTILIZE SUPPLEMENTAL REIMBURSEMENT PROGRAMS FOR THE PURPOSE OF PROVIDING REIMBURSEMENT TO PROVIDERS TO OFFSET A PORTION OF THE COST OF PROVIDING CARE TO MEDICAID AND INDIGENT PATIENTS. THIS PROGRAM IS DESIGNED WITH INPUT FROM CMS AND IS FUNDED WITH A COMBINATION OF STATE AND FEDERAL RESOURCES, INCLUDING FEES OR TAXES LEVIED ON THE PROVIDERS.

REIMBURSEMENT UNDER THE PROGRAM IS REFLECTED WITHIN PATIENT SERVICE REVENUE AND THE FEES PAID FOR PARTICIPATION IN THE HAF PROGRAM ARE RECORDED IN SUPPLIES AND OTHER EXPENSES WITHIN THE CONSOLIDATED STATEMENTS OF OPERATIONS AND CHANGES IN NET ASSETS. THE FEES AND REIMBURSEMENTS ARE SETTLED MONTHLY. REVENUE RECOGNIZED RELATED TO THE HAF PROGRAM WAS $289,191(000) AND $261,379(000) FOR THE YEARS ENDED DECEMBER 31, 2021 AND 2020, RESPECTIVELY. EXPENSE FOR FEES RELATED TO THE HAF PROGRAM WAS $92,317(000) AND $85,504(000) FOR THE YEARS ENDED DECEMBER 31, 2021 AND 2020, RESPECTIVELY.

THE HAF PROGRAM RUNS ON AN ANNUAL CYCLE FROM JULY 1 TO JUNE 30 AND IS EFFECTIVE UNTIL JUNE 30, 2023. THE CONSOLIDATED BALANCE SHEETS AT DECEMBER 31, 2021 AND 2020 INCLUDE HAF ACTIVITY OF $30,542(000) AND $14,821(000), RESPECTIVELY, IN ESTIMATED THIRD-PARTY PAYER SETTLEMENTS PAYABLE RELATED TO THE HAF PROGRAM.

PART III, LINE 8:

MEDICARE EXPLANATION

PER THE 990 INSTRUCTIONS, THE MEDICARE COST REPORT WAS UTILIZED TO DETERMINE THE MEDICARE SHORTFALL. HOWEVER, THE MEDICARE COST REPORT IS NOT REFLECTIVE OF ALL COSTS ASSOCIATED WITH MEDICARE PROGRAMS SUCH AS PHYSICIAN SERVICES AND SERVICES BILLED VIA FREE STANDING CLINICS. FURTHER,

Part VI Supplemental Information *(Continuation)*

THE MEDICARE COST REPORT EXCLUDES REVENUES AND COSTS OF MEDICARE PARTS C AND D. THE MEDICARE SHORTFALL ATTRIBUTED TO THOSE AREAS NOT INCLUDED ON THE MEDICARE COST REPORT IS $29,651,581. AS SUCH, THE TOTAL MEDICARE SHORTFALL FOR ALL MEDICARE PROGRAMS IS $39,845,629. MEDICARE SHORTFALLS SHOULD BE CONSIDERED AS COMMUNITY BENEFIT BECUASE MEDICARE REPRESENTS 52.17% OF THE OVERALL PAYER MIX FOR COMMUNITY HOSPITAL OF ANDERSON AND MADISON COUNTY, INC.

PART III, LINE 9B:

COLLECTION PRACTICES EXPLANATION

NOTWITHSTANDING ANY OTHER PROVISION OF ANY OTHER POLICY AT COMMUNITY REGARDING BILLING AND COLLECTION MATTERS, COMMUNITY WILL NOT ENGAGE IN ANY EXTRAORDINARY COLLECTION ACTIONS BEFORE IT MAKES REASONABLE EFFORTS TO DETERMINE WHETHER AN INDIVIDUAL WHO HAS AN UNPAID BILL FROM COMMUNITY IS ELIGIBLE FOR FINANCIAL ASSISTANCE FROM UNDER THIS POLICY. THE ACTIONS COMMUNITY MAY TAKE IN THE EVENT OF NONPAYMENT AND THE PROCESS AND TIME FRAMES FOR TAKING THESE ACTIONS ARE MORE FULLY DESCRIBED IN COMMUNITY'S BILLING AND COLLECTIONS POLICY.

PART VI, LINE 2 NEEDS ASSESSMENT:

IN ADDITION TO THE TRIENNIAL CHNA, COMMUNITY HOSPITAL ANDERSON CONTINUALLY ASSESSES THE NEEDS OF OUR PATIENTS AND THE COMMUNITY SERVED. COMMUNITY HEALTH NETWORK WORKS COLLABORATIVELY WITH OUR PEER HEALTH SYSTEM TO DISCUSS TRENDS AND WAYS IN WHICH THE HEALTH SYSTEMS CAN WORK TOGETHER TO ADDRESS THE NEEDS OF THE COMMUNITY. COMMUNITY HEALTH NETWORK ASSESSES THE SDOH NEEDS OF OUR PATIENTS BY EVALUATING DATA FROM THE COMMUNITY CONNECTIONS PLATFORM, A FREE SEARCH ENGINE THAT ALLOWS COMMUNITY MEMBERS TO ANONYMOUSLY SEARCH FOR SOCIAL CARE RESOURCES. INTERNALLY, CHNW HAS

Part VI Supplemental Information *(Continuation)*

ACCESS TO A ROBUST DATA ANALYTICS TEAM AND TOOLS WHICH DEVELOP DASHBOARDS TO HELP TRACK AND MONITOR THE HEALTH NEEDS OF THOSE SERVED.

PART VI, LINE 3:

PATIENT EDUCATION AND ELIGIBILITY FOR ASSISTANCE

COMMUNITY WILL UNDERTAKE THE FOLLOWING EFFORTS TO WIDELY PUBLICIZE ITS FINANCIAL ASSISTANCE POLICY:

1) WRITTEN NOTIFICATION - A PLAN LANGUAGE SUMMARY WILL BE POSTED IN EACH PATIENT REGISTRATION AND WAITING AREA AND AVAILABLE ONLINE AT ECOMMUNITY.COM. IN THE CASE OF SERVICES RENDERED IN THE HOME, THE FINANCIAL ASSISTANCE SUMMARY WILL BE PROVIDED TO THE RESPONSIBLE PARTY DURING THE FIRST IN-HOME VISIT. ALL PUBLICATIONS AND INFORMATIONAL MATERIALS RELATED TO THE FINANCIAL ASSISTANCE PROGRAM WILL BE TRANSLATED INTO LANGUAGES APPROPRIATE TO THE POPULATION IN THE SERVICE AREA.

2) ORAL NOTIFICATION: ALL POINTS OF ACCESS WILL MAKE EVERY EFFORT TO INFORM EACH RESPONSIBLE PARTY ABOUT THE EXISTENCE OF COMMUNITY'S FINANCIAL ASSISTANCE PROGRAM IN THE APPROPRIATE LANGUAGE DURING ANY PRE-ADMISSION, REGISTRATION, ADMISSION OR DISCHARGE PROCESS. ADDITIONALLY, THE POST-SERVICE COLLECTION PROCESS WILL INTEGRATE NOTIFICATION OF THE AVAILABILITY OF ASSISTANCE INTO THE STANDARD PROCESS WHEN COLLECTION EFFORTS FAIL.

3) STATEMENT NOTIFICATIONS: STATEMENTS WILL PROVIDE INFORMATION ABOUT THE FINANCIAL ASSISTANCE PROGRAM.

4) "ABOUT YOUR BILL: FREQUENTLY ASKED QUESTIONS:" COPIES OF THESE DOCUMENTS WILL BE AVAILABLE IN PATIENT REGISTRATION AREAS, THROUGH THE BUSINESS OFFICES AND PATIENT FINANCIAL COUNSELORS.

5) COMMUNITY WILL MAKE REASONABLE EFFORTS TO INFORM AND NOTIFY RESIDENTS

Part VI Supplemental Information *(Continuation)*

OF THE COMMUNITY SERVED ABOUT THE FINANCIAL ASSISTANCE POLICY IN A MANNER REASONABLY CALCULATED TO REACH THOSE MEMBERS OF THE COMMUNITY WHO ARE MOST LIKELY TO REQUIRE FINANCIAL ASSISTANCE. MODES OF DELIVERY OF THIS INFORMATION MAY INCLUDE NEWSLETTERS, BROCHURES AND/OR THE PROVISION OF ONLINE ACCESS.

PART VI, LINE 4:

COMMUNITY INFORMATION

THE POPULATION SERVED BY COMMUNITY HOSPITAL ANDERSON IS EXPECTED TO REMAIN STABLE OVER THE NEXT 5 YEARS WITH A PROJECTED LOSS OF 0.3%. CURRENT POPULATION FOR MADISON COUNTY IS 129,455. THE RACIAL AND ETHNIC MAKE-UP OF THE COMMUNITY IS, 84.8% WHITE, 7.8% BLACK, 4.1% HISPANIC AND 3.3% OTHER. THE FASTEST GROWING AGE GROUP IS THOSE AGED 65+. 16.5% OF THE POPULATION LIVES IN POVERTY.

PART VI, LINE 5:

PROMOTION OF COMMUNITY HEALTH

A MAJORITY OF COMMUNITY HEALTH NETWORK'S (COMMUNITY) BOARD OF DIRECTORS IS COMPRISED OF INDEPENDENT COMMUNITY MEMBERS WHO RESIDE IN COMMUNITY'S PRIMARY SERVICE AREAS. COMMUNITY EXTENDS MEDICAL PRIVILEGES TO ALL PHYSICIANS WHO MEET THE CREDENTIALING QUALIFICATIONS NECESSARY FOR APPOINTMENT TO ITS MEDICAL STAFF. COMMUNITY DOES NOT DENY APPOINTMENT BASED ON GENDER, RACE, CREED, OR NATIONAL ORIGIN. COMMUNITY, IN COLLABORATION WITH MARIAN UNIVERSITY OSTEOPATHIC SCHOOL OF MEDICINE, TRAINS THE NEXT GENERATION OF PHYSICIANS IN A LEARNING ENVIRONMENT. COMMUNITY APPLIES SURPLUS FUNDS TO IMPROVEMENTS IN PATIENT CARE, MEDICAL EDUCATION, AND RESEARCH.

Part VI **Supplemental Information** *(Continuation)*

PART VI, LINE 6:

AFFILIATED HEALTH CARE SYSTEM

COMMUNITY HOSPITAL OF ANDERSON & MADISON COUNTY, INC. ("CHA") IS PART OF AN AFFILIATED HEALTH CARE SYSTEM. SEE THE ATTACHED IRS 990 SCHEDULE H SUPPLEMENTAL INFORMATION REPORT FOR HOW CHA IS INVOLVED IN PROMOTING THE HEALTH OF THE COMMUNITY IT SERVES.

PART VI, ITEM 7 - STATE FILING OF COMMUNITY BENEFIT REPORT

INDIANA